FORM TO BE USED BY PLAINTIFFS IN FILING A COMPLAINT UNDER THE EQUAL EMPLOYMENT OPPORTUNITY ACT, 42 U.S.C. Chapter 21, Subchapter VI

Subchapter V	CLERK'S OFFICE U.S. DIST. COURT
IN THE UNITED STATES DI	STRICT COURT AT LYNCHBURG, VA
FOR THE WESTERN DISTRIC LYNCHBURG, VA D	CT OF VIRGINIA FEB 1 8 2016
LOSLIE E. KEYES, JR.	JULIA CADUDLEY, CLERK BY: DEPUTY CLERK
Plaintiff,)	
RONALD STUNE, PRES LYNCHBURG TIRE CORP.	Civil Action No.: 6.1000000000000000000000000000000000000
Defendant(s).) (Enter the full name(s) of ALL parties in this lawsuit.) Please attach additional sheets if necessary).)	•
COMPLAINT	
1. State the full name of the Plaintiff, address and t	elephone number.
Name: LESLIE E. K	LEYES JR
Address: 164 HOLLY LAND	J MADISON HTS VA 24572
Telephone Number: 434)	729-2874
2. List all Defendants. State the full name of the government agency, an organization, a corporate where each Defendant may be served. Make stidentical to those contained in the above caption	ion, or an individual. Include the address are that the Defendant(s) listed below are
a. Defendant No. 1	
Name: KONALD STONE	E, KRES.
Address: LYNCHBURG TI	RE CORP
2561 FORT A	HE
LYNCHBURG, \	M

	b. Defendant No. 2
	Name: LYNCHBURG TIRE CORP
	Address: 2561 FORTAVE LYNCHBURG VA
NAMI Check Please	E: IF THERE ARE ADDITIONAL DEFENDANTS, PLEASE PROVIDE THEIR ES AND ADDRESSES ON A SEPARATE SHEET OF PAPER. There if additional sheets of paper are attached: Table label the attached sheets of paper to correspond to the appropriate numbered raph above (e.g. Additional Defendants 2.c., 2.d., etc.).
3.	On what day were you discharged from employment or otherwise affected by the alleged unlawful employment practice(s) of the defendant(s) above?
1	DISCRIMINATION BEGAN MARCH 1, 2012 - LAST DAY OCT. 8, 2012
4.	On what day was your complaint filed with the Equal Employment Opportunities Commission?
	DECEMBER 11, 2012 (RICHMOND EFOC OFFIC
5.	What action did the Commission or its representatives take in regard to your complaint? CASE TRANSFERED TO RALEIGH, N.C.
	WENT TO ARBITRATION BUT
	CONCILIATION FAILED (LYNCHBURG TIRE WITHDRA
6.	If no action was taken or if your complaint was dismissed by the Commission, did you receive notice from the Commission within 180 days of the date listed in 4. above, of your right to bring a civil action to correct the alleged unlawful employment practice(s)?
7.	If the answer to 6. is yes, has 90 days passed since your receipt of the notice described in 6.?
8.	Has any action been brought in any state court or in any other federal court concerning the alleged unlawful employment practice(s) of the above defendant(s)? NOT KNOWN

If your answer to 8. is yes, describe the action in the spaces below.

č	. Parties to the action	on:		
			*	
ł	. Court (if federal c	ourt, give district; if s	tate court, name the city or county):	
c				
			· · · · · · · · · · · · · · · · · · ·	
		nding:	If not, what was the ruling?	
of paper	than one action has	s been filed, please p	rovide this information on a separate sheet oh 8.f., etc. Check here if additional sheets	
9. <i>A</i>	are attached: Are there any state or local agencies presently making active efforts to obtain a voluntary nd to the alleged unlawful employment practice?			
	Yes	□No	☑ I DON'T KNOW	
	f yes, please describ ndertaken on your be	_	involved and whether their efforts are being	
. <u>-</u>				
_				

В.	What individuals were involved in your discharge or other unlawful practice about which you are complaining? (Also explain what position each individual held, what that individual did that affected you, and about which you are complaining?)
	IN FEBRUARY, 2012, MR STONE TOW ME SINCE I WAS 66 YEARS
	OLD, MY WIFE & I WOULD HAVE TO SIGN UP FOR MEDICARE. WE HAD TO
	PAYFOR OUR COVERAGE AND WERE NEVER REIMBURSED EVEN THOUGH
	THE COMPANY CONTINUED TO PAY FOR INSURANCE FOR THE OTHER
	YOUNGER EMPLOYIZES.
	, and the second
· ·	If you were fired, what reasons were given for your discharge?
С.	If you were fried, what reasons were given for your discharge?
	If you disagree with those reasons, what do you think were the real reasons?
	<u> </u>
D.	Does your employer have a grievance procedure to use when employees are unhappy about actions taken against them?
Ε.	If so, did you file a grievance with your employer?
•	If you did, what action was taken?

٠.	facts which you consider important in this complaint.
	I WAS HIRED BY RON STONE IN JULY, 2005
	AS ASALARIED SALESMAN JASST MANAGER, MR. STONE
	ARRED TO PAY ALL MY HEALTH INSURANCE
	PREMIUMS AND 12 OF MY WIFE'S AS PART OF MY
	PACKAGE. THIS CONTINUED UNTIL FEBRUARY,
	2012 WHEN MR STONE TOLD ME SINCE I WAS
	66 YEARS OLD, I WOULD HAVE TO SIGN UP FOR
	MEDICARE PARTS A & D AND SUPPLOMONTAL
	COVERAGE WITH BLUE CROSS / BLUE SHIELD -
	I PAID FOR OUR COVERAGE AND WAS NEVER
	COMPENSATED OR REIMBURSED EVEN THOUGH
	THE COMPANY CONTINUED TO PAY FOR INSURANCE
	FOR THE OTHER YOUNGER EMPLOYEES.
G.	If you were fired, have you been working since that time?
	If yes, for whom have you worked?
	What did you do?
	If you did not get another job, have you received unemployment compensation?

	If yes, for how long?				
Н.	What relief do you want from this court? For example:				
	Do you want your job back? No				
	Have you suffered any damages?				
	If so, how much? EEOC FIGURES \$74,000°				
	OTHER:				
•					
	v · · · · · · · · · · · · · · · · · · ·				
	additional sheets of paper as necessary and label this information as paragraph I., heck here if additional sheets of paper are attached. Signature of Plaintiff				
VERIF	ICATION				
State of	f				
County	of				
	I declare under penalty of perjury that the foregoing is true and correct.				
	Executed on this day of,				
	Signature of Plaintiff				